VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03954

Reg. Dist. No 204

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give pearest town)
Hospital institution, a street address where death occurred:	Street No Celestertaine R. R. Mik.
Kent Dear Aug. Desert Rochelet	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Grace Horiza Tolack	
4. Ser 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Travelle white widow	20, DATE OF DEATH (Secret 27 18 48 at 23/5 M
The following	
6.(b) Name of husband or wife for tellular all the	21. I CERTIEY that death occurred on the date above stated: that I attended deceased from 18.4
Section 8.(c) If alive, give ago years	and that last saw harmalive on the last saw harmalive of the last saw harmalive on the last saw
7. Birth date of deceased (mo., day, yr.) 20. 5 - 1873.	
8. AGE: Years Months Days If less than one day	Immediate cause of death Duration
74 6 22hrsmin.	
9. Birthplace (Town, county, and state)	Bue to Atelera Delevano 5
9. Birthplace (Town, county, and state)	DUE 10.2. Section of the section of
10. Usual occupation.	Bue fo.
11, Industry or business	4
E 12. Name Nagrassa Jesse. Parens.	Other conditions Carebral Scherace 1 months
12. Name A Strange Serve. Tarlord. 13. Birthplace - Selection	6
13-00	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations.
2 15. Birthplace Workfore med	Bate of op.
18. Informant Data Busin Parent	Antopsy results.
Address Checkelson med	PHYSICIAN: Please underline the canon to which death should be charged statistically.
01. 00 10116	22. VIOLENCE: If death was due to externat causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Cherter Conseturing	Where did injury occur?
Location Chestistows ma	Injured at home, farm, industry, public place (where?)
AP 7. Planto.	Means of Injury Injured 71 work?
19. Funeral director	1 1,
Address still fond ma	23 SIGNAZURE Track (1) Suelle
. april 27 w48 Frank (Westerth)	M. D. or other
(Date rec'd by registrar)	Address Usedelles Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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(1	0	3	J	()

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Wull Jacobse and a second and a	State Maryland County Kent
Chestertown (If outside city or town limits, write RURAL and give nearest town)	II Chacteriowii
How long in above place of death? life	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Queen
	(II rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war World War I (One)
3. (a) FULL NAME	3. (b) Social Security Number
C. Julian Coleman	no
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white married	20. DATE OF DEATH. C. 12 C 1948 01913 0 N
6.(6) Name of husband or wife Eleanor Coleman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
living	Jan 23 1949 10 aby 26 1948
7 Right date of	and that I last saw harmalive on Coff 1 2 5 19 4 7
deceased (mo., day, yr.) Reb. 28 , 1898	Immediate cause of death
o. AGL.	Lujaenia 7 Coma 2 days
	-
9. Birthplace. Chestertown, Maryland (Town, county, and state)	Due to Pancer & Toper
1D. Usual occupation Rural Mail Carrier	of Pancier & West
	Due to
11. Industry or business U.S. Mail (R.F.D.)	
12. Name Wm. B. Coleman 13. Birthplace Maryland	Dither conditions
	(Include pregnancy within 3 months of death)
H 14. Malden name Annie Erdman	
14. Malden name Annie Erdman 15. Birthplace Maryland	Major findings of operations.
16 Istomatic Mrs. Bleanor Coleman (Vife)	Date of op.
10. arty mant.	. Autopsy results
Address Chestertown, Md.	
17 Rurial (Burial, cremation, or removal, Which?) Bate thereof April 20, IS (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Chestertern Cemetery	Where did injury occur?
Location Chestertown, Md.	Injured af home, farm, industry, public place (where?)
18. Funeral director J. Villis Vells	Means of Injury Injured af work?
Chartertown Md.	16
Addiess	23. SIGNATURE TV. Vo unjours
10 april 28 1949 Clarad Barnes	23. SIGNATURE M. D. or other
(I)ata rec'd by registrar) Registra	r Address Communication Date signed T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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APR 30 '018

BUREAU Y S.

MARYLAND STATE DEPARTMENT OF HEALTH 93W

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Cee	2. USHAL RES	SIDENCE (MOME) OF DECEASED:
City or town (If outside city or town limits, write RURAL and		County Wite RUKAL and give nearest tow
How long in above place of death?	Street No	(If rural, give LOCATION)
How long in hospital or institution?		ame war
3. (a) FULL NAME	rateran	3. (b) Social Security Number
9. Sex 5. Calor or race 6.(α)Single, married, w	idowed, or divorced	MEDICAL CERTIFICATION
Male Wall & Can	20, DATE OF DEATH	1111
6.(b) Hame of husband or wife	ive age DU years	death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) ARC/1. / P.68	and hat I last saw	h. Maffailve on
	than one day	toal poplery
9. Birthplace	md Due fo	73-12
1D. Usual occupation var roman	Due 10	Dale 130 b
11. Industry or business	Diher conditions	
13. Birthplace	rel]	Include pregnancy within 3 months of death)
14. Maiden name 12. 14. Ma	UNOI	operations. Date of op.
LAND Thee & & agreem for	Autopay results PHYSICIAN: Ple	57h 1
Address Company Tro Hora	LCC	If death was due to sternal couses, fill in the following:
(Burial, committee, or remove). Which?)	nonth) (dsv) (venr)	or homicide
Cemetery or complex		occur? (City or town) (County) (State
Location Chestartone Me	Injured at home, f	and Industry, public place (where?)
18. Funeral director		24 24 0 1

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APR 24 1948

BUREAU Y. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Chestert ann	State Fort Marylandusty Quelow Unne
(If outside city or town limits, write RURAL and give nearest town)	all attached
w long in above place of death?	City or town (If outside city or town limits, write RURAL and give nesrest town)
ospital, Institution, or street address where death occurred:	Street No. Musel
Taus & Buen and filling the graph	(If rural, give LOCATION)
ow long in hospital or institution?	
Edward E	Hargest Sr. 3. (b) Social Security Number
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m W Widowed	20. DATE OF DEATH Gynl 4 19.48, 21 427
5. (b) Name of husband or wife agusta Hanger	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(c) If alive, give age	years 19 7 10 7 19 7 19 7 19 7 19 7 19 7 19 7
deceased (mo., day, yr.) Non 20 - 1864.	and that I last saw h
deceased (mo., day, yr.) 3. AGE: Years months Days It less than one day	Immediate cause of death DURATION Grant Or a gain al hamarch a 5 days
£ 3	min
0 - 1	- Magistas de tas
Birthplace (Town, county, and state)	Due to
netned Farmer	
D. Usual occupation.	Due to
1. Industry or business	
12. Name Baet, July	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name and Teach 15. Birthplace Pact. prof	
Balt Inl	Major findings of operations.
& B 1/2-10-4 1-	Date of op.
6. Informant Co.	Autopsy results
Address Chesterton Inf	
Burnal Date thereof H - 7 - 4	
(Burial, cremation, or removal, Which?) Date thereof) Accident, Suicine, or nominities,
Cemetery or crematory	Where did Injury occur?
Location Callymore had	tnjured at home, farm, Industry, public place (where?)
Ada I Jane	Means of Injury tnjured at work?
Address Church Helf ma	DA. Vafans mid
0.101	23. SIGNATURE M, D. or other
19 Upul 6 1948 Claux & Barr	istrar Address Chestellown Date signed 4-4-48
(Dale rec'd by registrar) Regi	Address



PLEASE

A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1220

03958

CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Mary faced County Kent
How long in above place of death?	(1f outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Emma Elizabeth Cra	uch Hudson -
4. Sex 5. Color or race 6.(a) Single, prarried, widowed, or divorced	MEDICAL CERTIFICATION
Tenal Islale marriel	20. DATE OF DEATH. 18.4-8, at
8.(6) Name of husband or wife. Whas Henry Hulion	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of	and that I last saw h. T. alive on After I. g., 194
deceased (mo., day, yr.) Gelley . 18 . 18 7 2 8. AGE: Years Manths Days If less than one day	Immediate cause uI death DURATION
750hrsmin.	
9. Birthplace Line Kent Co (Town, county, and state)	Due to. /5/21
10. Usual occupation	Due to.
11. Industry or business,	
12. Namolitellians de Surfa	Dither conditions & said Leave 204 east
14. Malden nam Gunnam. E. Sielaul	(Include pregnancy within 8 months of death)
15. Birthplace Luces and Co. Ind	Major findings of operatious
16. Informant Many land daughlas	Autopsy results
Address Stock Hall. mes	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Alasking Charles	Where did injury occur? (City or town) (County) (State)
Location Tith Thee price	tnjured at home, farm, industry, public place (where?)
18. Funerat director Illaan L. Lane	Means of injury Injured at work?
Address Clouder Helf mid	23 SIGNATINE TRUCKS I Tomath
19. 4/23 19. 48 S. Elen Cold Burgers	23. SIGNATURE M. D. or other
19. Date rec'd hy registrar)	Address Late State



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9300

Reg. Dist. No. 2

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: Gror newborn infants give residence of mother)
County	h. 0 1 H 1-
(If outside city ur town limits, write RURAL and give nearest town)	State Male and County All
How long in above place of death?	City or town
Nospitai, Institution, or street address where death occurred:	flen. Con a l
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	
Thenry Theodore to	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single. married, widowed, or atvorced	MEDICAL CERTIFICATION
Mall white widowed	20. DATE OF DEATH WARL 8 1848 at 1,30 P. M
allesto Sureth	21. I CERTIEN that death occurred on the date above stated; that Lattended deceased from
6.(b) Name of husband or wife	april 7 1948 10 april 1948
7. Birth date of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
deceased (mo., day, yr.) Chequet. 2. 1890	and Mat I last saw land alive on 19.
8. AGE: Years Months Days It less than one day	Immediate cause of death
77 8 2nrsmin.	Marsha May Cardadida 6 the po
Ment la 2nd	
9. Birthplace (Town, county, and state)	Due to
18. Usual occupation.	***************************************
	Due to.
11. Industry or business	
12. Name Lawell 12. Birthprace Cost to Med.	Other conditions esta Jehn - Westones
13. Birthorace Court to Date.	Made 1 Short. april-2/48
14. Maiden name Cathryn Javender	(Include pregnancy within 8 months of death)
14. Maiden name Cultury Trender 15. Birthplace Kuit of Sud	Major findings of operations.
15. Birthplace	Date of op.
18. Interment Bros Preston Steek	Autopsy results.
Address Telestertown med	PHYSICIAN: Please underline the cause to which death shoold be charged statistically.
	22. VIOLENCE: It death was due to external causes, fill in the following;
Bate thereot Ofer. 10, 1948 (Burial, cremation, ur removal. Which?) (Burial, cremation, ur removal. Which?)	Accident, suicide, or homicide
Alt.	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Chesfusion Maryland	injured at home, tarm, industry, public place (where?)
18. Funeral director Istania, V. Williams	Means of injury - injured at work?
Address Scheeterloin Manyland.	to red touth
01-14 1- 17 0/0	23. SIGNATURE ZAURIO MULLIU M. D. eg other
19 ARril 18 48 Clara S. Barrilo. Registrar	Address Chellulons Date signed



APR 13 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

5600

CERTIFICATE OF DEATH Reg. Diat. No. 202	
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Kentown How long in hospital or institution? SARYS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Margaret Lucas	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Temple White Marvied 6.(b) Name of husband or wife Roland Lucas	MEDICAL CERTIFICATION 20. DATE OF DEATH. April 2 6 1948 at 1328 A. M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 26 1948
7. Birth date of deceased (mo., day, yr.) Tebruary 22, 1919 8. AGE: Years Months Days If less than one day 2 6 hrs. min. 9. Birthplace Hayden, Jugen Anne, Maryland (Town, county, and atate)	April 18 19 48 to April 26 19 78 and that I last saw h. E. L. alive on April 26 19 48 Immediate cause nl death Post o povative ileus pashti 4days Due to
(Town, county, and atate) 10. Usual occupation House wife	Oue to
12. Name Howard Stant 13. Birthplace Queen Anne County, Maryland 14. Maiden name EVA Kimble 15. Birthplace Annes Co., Md. 16. Informant Hospital Records	(Include pregnancy within 3 months of death) Major findings of operations. Dipteral ovanian cysts Oate of op. 7-49-48 Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Ches Tev-Town, Manager 17. (Burial, cremation, or removal. Which?) Cemetery or crematory. (Burial, crematory	22. V10LENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director. Address 19. April 26 1949 Class & Basses (Opte rec'd by registrar)	23. SIGNATURE Date Strand was Address Charter to way, Md Date signed 4-26-48



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

188

CERTIFICATE OF DEATH

03961
Reg. Diat. No. 201

1. PLACE OF DEATH: County Kent		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
		State Maryland County Kent	
City or town. Chesterto	its, write RURAL and vive nearest town)	••	
		City or town. Worton (If outside city or town limits, write RURAL and give neare	st town)
Hospital, institution, or street address where de		Street No. Rural	
		(If rural, give LOCATION)	****************
How long in hospital or institution?		2.(a) If veteran, name war	***************************************
3. (a) FULL NAME		3. (b) Social Security No	
	niol Manuschil		umives
7.44	niel Maxwell 6.(a)Single, married, widowed, or divorced	none	
		MEDICAL CERTIFICATION	
male white	Single	20. DATE OF DEATH. April I3 1948 4	5 P, M
non	<u>e</u>	21. I CERTIFY that death occurred on the date above stated; that I attended decease	ed from
		No Medicial Attention	
7 Right date of		ars and that I last saw halive on	
deceased (mo., day, yr.) NOV a I	6, 1939		DURATION
8. AGE: Years Months	Days If less than one day	Immediate cause of death Accidential (Immediately)	DOWNING
8 4	27hrs	in.	
9. Birthplace Tarrytown No	ew Work	Due to Fracture at base of skull	***************************************
(Town, ed	ounty, and state)	riding horse and fell off	***************************************
10. Usual occupation stude	nt	Due to presumably struck by	
	ic school	horse's foot	000000000000000000000000000000000000000
11. Industry of business	Maxwell		
	The state of the s	··· Other conditions	*********
3 13. Birthplace Indianna		(Include pregnuncy within 8 months of death)	
14. Maiden name Grace B.	Rlackmore	Major findings of operations	
14. Malden name Grace R. 15. Birthplace New York		Major findings of operations	
if no Chase	D Marrial 7		
	R. Maxwell	Autopsy results	atistically.
Address Worton, Md.	R.F.D.		1 1
17. Burial (Burial, cremation, or removal. Which?)	Bate thereof Pril I6, I94 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide.	12/1/8
(Burial, cremation, or removal. Which?)	(month) (day) (year)		
Cemetery or crematory St. Pau	l's Cemetery	Where did injury occur? (City or town) (County)	(State)
lection near - Chest	ertown, Md.		
		Means of injury injured at work?	
18. Funeral director J. Willi Address Chestert	S VELLS		
Address	owii, iiu.	- White	
0 10 14	de. 1 p.	Acting Deputy Examiner P. or	other
(Dale rec'd by registrar)	Clara S. Barne Registr	Address Date signed	,,



23-11-28

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WITH CNFADING INK. Supply every item of information carefully. The corr important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, is especially

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

CERTIFICATE OF DEATH

Reg. Dist. No. 20/

CERTII IOM	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboy) infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 9. Color or race 6.(d) Single, married, widowed, or disporced married	MEDICAL CERTIFICATION 20. DATE OF DEATH AND 29 1948 at 2 PM
6.(b) Name of husband or wife 6.(c) It alive, give age 95 years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months 0ays If less than one day hrs. min. 9. Birthplace 75 years min.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2 to 19 48 to Gril 2 9 19 48 and that I last saw horrer alive on final 2 9 mil 3 9 mil 18 48 Immediate cause of death DURATION Due to.
11. Industry or business 12. Name William David 13. Birthplace 14. Maiden name Martha Watta 15. Birthplace	Dither conditions of death of the conditions of the condi
16. Intermant Mrs fallie a. Price	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Whise) Cemetery or crematory	Accident, suicide, or homicide
Location Location	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of injury injured at work? If Paralle
19. May 1948 J. Clark (Date rec'd by registrar)	23. SIGNATURE M. D. or other Address Scill Torus Date signed 4/80/48

MAY 6 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

92d

(13963 Reg. Diat. No. 203

1. PLACE OF DEATH: County Keet	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
County	State many laced county Kent
W	City or town
How long in above place of death?	Street No. Street Action Action Control Street No. Stre
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Thomas L. Rich	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. Th. vidowed	20. DATE DE DEATH apric 24 1948 at 400 A
6.(b) Name of husband or wife Mory C. Rich	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
C (a) M allue alue are	March 20 1948, 10 Garre 24 1948
7. Birth date of deceased (mo., day, yr.) 2 and 16 1859	and that t last saw h. i
8. AGE: Years Months Daye If less than one day	Immediate cause of death
89 3 8min.	artino claroce
9. Birthplace Ones aus Co md.	Due to Hy participants
9. Birthplace (Town, connty, and state)	old asc
10. Usual occupation tetined	Due to
11. industry or businese self.	
12. Name. Thornas J. Rick 13. Birthplace Mary Class	Diher conditione
	(Include pregnancy within 8 months of death)
14. Malden name Wafter Stevens 15. Birthplace mary ener	Major findings of operations
\$ 15. Birthplace Mary Care	Date of op.
18, Informant daughter his margie Clark	Autopsy results
Address Ballaner	PHYSICIAN: Please underline the cause to which death should be charged statistically.
19 man 4/27 1944	22. VIOLENCE: If death was due to external causes, till in the following;
(Burlal, cremation, or remoyal, Which?) Date thereof (month) (day) (year)	Accident, euicide, or homicide
Cemetery or cremajory & Soley Collopes	Where did Injury occur?
Location Rock Hall mil	Injured at home, farm, Industry, public place (where?)
18. Funeral director Estoar L. Lane	Meane of Injury tnjured at work?
	1 1 0
Address Clarke Ttell mil	23. SIGNATURE Clear & Durgar & M. D. OLOGHOT



VS A15

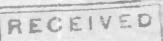
MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	The state of the s
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town town (if outside city or town limits, write RURAL and give nearest town)	State Many County Kill
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Charles have the ROLL The Roll of the Roll
***************************************	(If roral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Col gordan	20. DATE OF DEATH (Street 15 19 48 21 10 1
Freel Stewest 100.	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from
8.(b) Name of husband or wife.	19.47 10.48
7. Birth date of	and that I last saw h allive on the last saw h
deceased (mo., day, yr.) (cultures) 1858	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	
40min.	Lahernolino S/lac- 7400
9. Birthplace the least 51	Due to.
1D. Usuat occupation.	
11. industry or business	Due to.:
	Chian Thomas I I War
	Other conditions the same May accordates 29000
	(Include pregnancy within 3 months of death)
f 4. Malden name f 5. Birthplace	Major findings of operations
15. Birthplace	Date of op.
18 Informant dave Meleure som	Autopsy results.
Address Chesluly	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B: 0 61.019 .10	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
2. 1 1 9 1	
Location Collaboration and the Manual Company of the Company of th	Injured at home, farm, industry, public place (where?)
18. Funerat director Vely Henry	Means of Injury Injured at work?
Address Phrestulesin.	7 1117 7
61	23. SIGNATURE M. D. or other
(Date rec'd by registrar) 19. (Date rec'd by registrar) Registrar	Chechedron april
(Lute rec u by registrar) Registrar	Address Date signed



APR 22 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

1600V

03365

CERTIFICATE OF DEATH

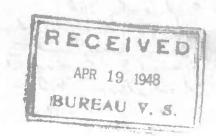
P. D. N. 9.03

CERT	Reg. Dist. No. 2020
PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Lind a Lee Townsen	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or dis	20. DATE DE DEATH CESTIL 1948 21 40 and
6.(b) Name of husband or wife 6.(c) If allve, give age 7. Birth date of 6.(c) If allve, give age 6.(c) If allve, give age 6.(d) If allve, give age 6.(e) If allve, give age	years and that I last saw h availve on 4 19.45
	Immediate cause of death DURATION Onemature butter
9. Birthplace	- Due to Material measles they
11. Industry or business 12. Name Secrat Comby Md 13. Birthplace Rent Comby Md 14. Maiden name Vingini More Merchant 15. Birthplace Queer ange Comby	Dither conditions Protectle intragramal Remarks (day (file consections) (policies pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant de rad 2 Johnself Charles Chestylan MO - 17. Buil Date thereof Charles (month) (day	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: (year) Accident, suicide, or homicide
Commetery or crematory. Cheaten Location Cheaten and	. Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
Address 403 High Lt. Cheatertow 19 april 17 (Dode ree'd by registrar) 18 Funeral director. 19 48 Claus S. B.	nind. 23. SIGNATURE Registrar Registrar Address Chestuton M. D. and Date signed 4 47/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct a is especially important. Physicians: please write the causes of death clearly and legibly

RESERVED FOR BINDING

MARGIN



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	ATE OF DEATH Reg. Diat. No. 2020
1. PLACE OF DEATH: County Elty or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME Carrie Virginia Wo	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Singly. married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH April 6 19 48 21 7:57
6.(b) Name of husband or wife Shooth H. Ward 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4. F
8. AGE: Years Months Days If less than one day 70 9 26	Immediate cause of death Con indicates DURATION
9. Birthplace	Oue to Waketes Welstow & Ford
14. Malden name Mary I Canall 15. Birthplace Baltimine Mary land 16. Informant Mp. Thurday H. Word	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results
Address Ches who Many land 17. Buial Date thereot April 8. 1945 (Burial, cremation, or removal. Which?) Cemetery or crematory Chestular Many land	22. VIOLENCE: tf death was due to external causes, till in the tollowing; Accident, suicide, or homicide
18. Funeral director Marson Volullance Address Chestulon Maryland	Means of Injury Injured at work? 23. SIGNATURE M. D. or other

FOR BINDING MARGIN RESERVED PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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APR 10 1948

BUREAU V. S.